



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 8223

|   |   |                                   |  |  |
|---|---|-----------------------------------|--|--|
| <b>SERIAL NUMBER</b><br>09/588,128  | <b>FILING OR 371(c)<br/>DATE</b><br>06/02/2000<br><b>RULE</b>   | <b>CLASS</b><br>714               | <b>GROUP ART UNIT</b><br>2114  | <b>ATTORNEY<br/>DOCKET NO.</b><br>5181-58500 |
| <b>APPLICANTS</b><br>James E. Hebert, Fairport, NY;   |   |                                   |  |  |
| <b>** CONTINUING DATA *****</b>   |   |                                   |  |  |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                                   |  |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 08/17/2000</b>  |   |                                   |  |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and<br>Acknowledged |   | <b>STATE OR<br/>COUNTRY</b><br>NY | <b>SHEETS<br/>DRAWING</b><br>13  | <b>TOTAL<br/>CLAIMS</b><br>39                |
| Examiner's Signature _____ Initials _____   |   |                                   |  | <b>INDEPENDENT<br/>CLAIMS</b><br>3           |
| <b>ADDRESS</b><br>B Noel Kivlin<br>MHKKG<br>P O Box 398<br>Austin, TX 78767   |   |                                   |  |  |
| <b>TITLE</b><br>HIGH AVAILABILITY NETWORKING WITH ALTERNATE PATHING FAILOVER  |   |                                   |  |  |
| <b>FILING FEE<br/>RECEIVED</b><br>1368  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |



Bib Data Sheet


**UNITED STATES DEPARTMENT OF COMMERCE**  
**Patent and Trademark Office**

 Address: COMMISSIONER OF PATENTS AND TRADEMARKS  
 Washington, D.C. 20231

|   |   |                                |   |  |
|---|---|--------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>09/588,128  | <b>FILING DATE</b><br>06/02/2000<br><b>RULE</b> -   | <b>CLASS</b><br>714            | <b>GROUP ART UNIT</b><br>2785   | <b>ATTORNEY DOCKET NO.</b><br>5181-58500 |
| <b>APPLICANTS</b><br>James E. Hebert, Fairport, NY ;  |   |                                |   |  |
| <b>** CONTINUING DATA *****</b> <span style="float:right">NONE GAC</span>   |   |                                |   |  |
| <b>** FOREIGN APPLICATIONS *****</b> <span style="float:right">NONE GAC</span>  |   |                                |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br>** 08/17/2000 -   |   |                                |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance |   | <b>STATE OR COUNTRY</b><br>NY  | <b>SHEETS DRAWING</b><br>13   | <b>TOTAL CLAIMS</b><br>39                |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____  |   | <b>INDEPENDENT CLAIMS</b><br>3 |   |  |
| <b>ADDRESS</b><br>B Noel Kivlin<br>Conley Rose & Tayon P C<br>P O Box 398<br>Austin ,TX 78767   |   |                                |   |  |
| <b>TITLE</b><br>High availability networking with alternate pathing failover  |   |                                |   |  |
| <b>FILING FEE RECEIVED</b><br>1032  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |